										Application or Docket Number					
		PATENT	RD	10796717											
			CLAIMS A	S FILED (Colum			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
	T	OTAL CLAIMS		35				Г	RATE	FEE	7	RATE.	FEE		
-	F	DA		NUMBER FILED		NUMBER EXTRA		B	BASIC FEE 385.00		OR	BASIC FEE	770.00		
	H	OTAL CHARGE	ABLE CLAIMS	36 m	36 minus 20=		73		X\$ 9=	135.	OR	X\$18=			
		DEPENDENT C			minus 3 =		2	X43		82. a	OR	X86=			
-	E	JETIPLE DEPE	NDENT CLAIM P	TESENT					+145=	-	OR	+290=			
-	- 11	If the difference in column 1 is less than zero, enter "0" in column 2								606°00	OR	TOTAL			
-	1/2	2/22/0	(Column 3)	;	SMALL	ENTITY	OR	OTHER SMALL							
	ENTA	,	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	:	(Colum HIGHI NUME PREVIO PAID I	EST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
-	AMENDMENT	Total	. 35	Minus	-35	§	- 0	Γ	X\$ 9=	4	OR	X\$18=			
-	AME	Independent	PRESENTATION OF MULTIPLE DEPEN		DENDENT	NOENT CLAIM			X43=	0	OR	X86≈			
		PINST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
										6	OR	TOTAL ADDIT: FEF			
			(Column 1)												
	EN I	6-20-05	REMAINING	#	HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE	••	RATE	ADDI- TIONAL FEE		
-	ENCWENT	Total	. 25	Minus	<u>- 3</u>	5	= /		X\$ 9=	/	OR	X\$18≔	/		
	AME	Independent FIRST PRESE	NTATION OF MI	TATION OF MULTIPLE DEPENDENT C					X43=		OR	X86=			
į	15	1,13, M, 21								/	ОЯ	+290=	/.		
		, , , ,	•		AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	/					
٠		(Column 1) (Column 2) (Column 3)											/		
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	SOS SOS	Total		Minus	**		=	7	/\$ 9=		OR	X\$18=			
	AME	Independent	•	Minus	and CENTER	C4 A114	<u>-</u>	. 7	(43≃		OR	X86≓			
I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												TOTAL			
		the Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	aid For IN TH	S SPACE is	less tha	n 3, enler "3."		OIT. FEE	propriate box	. ,	MOOIT. FEE L			
L															